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LICENSE NUM	IBER: 059600003		CITY OR TO	WN LEE	
APPLICATION	FOR RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NA	ME: CJR, INC.				
DOING BUSIN	ESS A CORK 'N HEA	ARTH RESTAURANT			
ADDRESS 635	LAUREL ST.				
CITY/TOWN:	LEE	STATE: MA	ZIP CODE	01238	
	RYAN, T CHRISTOPHER	TYPE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION	OF LICENSED PRE	MISES:			
TWO DINING	ROOMS,KITCHEN. I ING ROOMS AND PA	G,LOUNGE,BAR FIRST ENTRANCE AND EXITATIO. 2ND FLR; ENT/E	THRU KITCH	IEN. FIRE EXIT	
I hereby certify	and swear under penal	ties of perjury that:			
1. the re	enewed license will be	of the same type for the	same premises	now licensed;	
2. the li	censee has complied v	with all laws of the Comm	nonwealth relati	ng to taxes; and	
3. the p	remises are now open	for business (If not expla	ain below)		
SIGNED BY	Individual, Part	ner or Authorized Corpo	orate Officer		
DATE:	TELEPH	ONE NUMBER:		OYER IDENTIFICAT	
			(Note. <u>NO.</u>	Individual Social S	Security Number)
Acts of 2004, si	igned by the building	are in possession (1) the inspector and the head e of liquor liability insu	l of the fire dep	artment for the	above
Please Check Below APPROVED: [DISAPPROVEI (If disapproved	D:		LOCAL LIC	ENSING AUTH	ORITY
DATE:					



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		CITY OR TOWN	LLL
APPLICATION FOR RENEWAL:	Annual	LICENS	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: REAL LONDON F	PARTNERS INC.		
DOING BUSINESS A MOGAN HOUSE	E RESTAURANT AN	D INN	
ADDRESS 33 MAIN ST			
CITY/TOWN: LEE	STATE: MA	ZIP CODE:	01238
MANAGER: LORING, JAMES A. TYP	PE OF LICENSE: Innh	older CA	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	SES:		
THREE ROOMS ON FIRST FLOOR, ON SECOND FLOOR AND CELLAR FOR SIN REAR OF BLDG. ELEVEN ROOMS	STORAGE. SERVING		
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of	the same type for the s	ame premises now l	icensed;
2. the licensee has complied with	all laws of the Commo	onwealth relating to	taxes; and
3. the premises are now open for	business (If not explai	n below)	
SIGNED BY		-1- OCC	
individual, Partner	or Authorized Corpor	ate Officer	
DATE: TELEPHON			
TELEPHON			DENTIFICATION NUMBER.
	E NUMBER:		DENTIFICATION NUMBER: ridual Social Security Number)
		(Note: NOT Indiv	ridual Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	in possession (1) the spector and the head	(Note: <u>NOT</u> Indiv certificate required of the fire departm	d by Chapter 304 of the ent for the above
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below:	in possession (1) the spector and the head	(Note: <u>NOT</u> Indiv certificate required of the fire departm	l by Chapter 304 of the ent for the above hapter 116 of the Acts
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below: APPROVED:	in possession (1) the spector and the head	(Note: <u>NOT</u> Indiv certificate required of the fire departm ance required by C	l by Chapter 304 of the ent for the above hapter 116 of the Acts
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below: APPROVED: DISAPPROVED:	in possession (1) the spector and the head	(Note: NOT Indiv certificate required of the fire departm ance required by C	l by Chapter 304 of the ent for the above hapter 116 of the Acts
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below: APPROVED:	in possession (1) the spector and the head	(Note: NOT Indiv certificate required of the fire departm ance required by C	l by Chapter 304 of the ent for the above hapter 116 of the Acts
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. Please Check Below: APPROVED: DISAPPROVED:	in possession (1) the spector and the head	(Note: NOT Indiv certificate required of the fire departm ance required by C	l by Chapter 304 of the ent for the above hapter 116 of the Acts



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LICENSE NUI	MBER: 059600009	(CITY OR TOWN LEE	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: SILVERLEAF RES	ORTS, INC.		
DOING BUSI	NESS A OAK N' SPRUCE	RESORT		
ADDRESS 190	0 MEADOW ST.			
CITY/TOWN:	LEE	STATE: MA	ZIP CODE: 01260	
MANAGER:	COACH, CYNTHIA TYPI	E OF LICENSE: Innh	older CATEGOR	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WEI	SSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMISI	ES:		
	E LOWER LEVEL, FOUR S			
	TAIL LOUNGE WITH BA HEN,FOUR REST ROOMS.			
	ATHS,PLUS BANQUET A			LI II (G
I hereby certify	and swear under penalties	of perjury that:		
1. the	renewed license will be of the	ne same type for the s	ame premises now licensed;	
2. the	licensee has complied with a	all laws of the Commo	onwealth relating to taxes; an	nd
3. the	premises are now open for b	usiness (If not explai	n below)	
SIGNED BY				
	Individual, Partner of	or Authorized Corpor	ate Officer	
D				
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Soci	al Security Number)
We the under	signed, attest that we are i	n possession (1) the	certificate required by Ch	apter 304 of the
	signed by the building insp			
named license of 2010.	e and (2) the certificate of l	iquor liability insur	ance required by Chapter	116 of the Acts
Please Check Belo APPROVED:			LOCAL LICENSING AUT	THORITY
DISAPPROVE			By:	
(If disapproved				
	1 /			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:059600010		CITY OR TOWN	LEE	
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	ROBERT L. CONS	SOLINI & STEPHE	N E. GAGE		
DOING BUSINESS A	A THE 102 TAVER	N.			
ADDRESS 1180 PLE	EASANT ST.				
CITY/TOWN: LEE		STATE: MA	ZIP CODE:	01238	
MANAGER:	TYF	PE OF LICENSE: R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF I ONE STORY BLDG I hereby certify and sv 1. the renewed 2. the license	consisting of inverse was under penalties and license will be of the has complied with the es are now open for	SES: KITCHEN,BAR,ST of perjury that: the same type for th all laws of the Com	e same premises now amonwealth relating lain below)	v licensed;	OOMS.
DATE:	TELEPHON	E NUMBER:		R IDENTIFICAT dividual Social S	
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building ins	spector and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICEN: By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUN	MBER: 059600011		CITY	OR TOWN	LEE	
APPLICATION	N FOR RENEWAL:	Annua	1	LICENS	SED FOR 20	13
		CLAS	S		,	YEAR
LICENSEE NA	AME: SULLIVAN STATIO	ON RESTAU	RANT INC.			
DOING BUSIN	NESS A					
ADDRESS RA	ILROAD ST.					
CITY/TOWN:	LEE	STATE:	MA Z	IP CODE:	01238	
MANAGER:	ZRADI, DARLEEN TYPE	E OF LICENS	E:Restauran	t CA	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER Y	OUR EMAIL ADI	DRESS		
DESCRIPTION	N OF LICENSED PREMISE	ES:				
	: DINING ROOM, SEPARA LAR AREA. OUTSIDE DI					ΓY FOR
I hereby certify	and swear under penalties of	of perjury that:	;			
1. the 1	renewed license will be of th	ne same type f	or the same p	premises now	licensed;	
2. the l	licensee has complied with a	all laws of the	Commonwe	alth relating to	taxes; and	
3. the p	premises are now open for b	usiness (If not	t explain belo	ow)		
SIGNED BY						
	Individual, Partner of	or Authorized	Corporate O	fficer		
DATE:	TELEPHONE	NUMBER:			IDENTIFICATI	
			,	(Note: NOT Ind	ividuai Sociai Se	ecurity Number)
Acts of 2004, s	signed, attest that we are is signed by the building inspectand (2) the certificate of li	ector and the	e head of the	e fire departr	nent for the	above
Please Check Belo	<u>w:</u>		LO	CAL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVE						
(If disapproved	explain)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 059600018		CITY OR TOWN	LEE
APPLICATION FO	R RENEWAL:	Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	PAULINE'S RES	TAURANT INC.		
DOING BUSINESS	A PAULINE'S RE	STAURANT INC.		
ADDRESS 220 WE	ST PARK ST.			
CITY/TOWN: LEF	Ξ	STATE: MA	ZIP CODE:	01238
MANAGER: TIEI E	RNEY,PAULIN TY	PE OF LICENSE: Re	estaurant C	CATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF				
		AREA, DINING RO	OM AREA AND PO	ORCH.
I hereby certify and	-	es of perjury that: f the same type for the	a sama pramisas par	u liaansad:
		h all laws of the Com	•	
	•	r business (If not exp	_	to tares, and
SIGNED BY				
	Individual, Partne	er or Authorized Corp	orate Officer	
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
Acts of 2004, signe	d by the building in	spector and the hea	d of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICEN	SING AUTHORITY
APPROVED:			LOCAL LICEN By:	SING AUTHORITY
APPROVED: DISAPPROVED:				SING AUTHORITY
APPROVED:	ain)			SING AUTHORITY
APPROVED: DISAPPROVED:	ain)			SING AUTHORITY



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600020		CITY OR TOWN LEE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: BERKSHIRE LIQ	UORS INC.	
DOING BUSINESS A		
ADDRESS 33 CANAL ST		
CITY/TOWN: LEE	STATE: MA	ZIP CODE: 01238
MANAGER: RYEL, DAVID P. TY	PE OF LICENSE: Pac	ckage Store CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	MAIL ADDRESS
DESCRIPTION OF LICENSED PREMIS	SES:	
ONE FLOOR SALES BUILDING WITH	I BACK ROOM AS S	STORAGE
I hereby certify and swear under penalties	s of perjury that:	
1. the renewed license will be of	the same type for the	same premises now licensed;
2. the licensee has complied with	all laws of the Comm	nonwealth relating to taxes; and
3. the premises are now open for	business (If not expla	ain below)
SIGNED BY		
Individual, Partner	r or Authorized Corpor	orate Officer
DATE: TELEBRION		EMPLOYED IDENTIFICATION NUMBER.
TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
		, , , , , , , , , , , , , , , , , , ,
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED: DISAPPROVED:		By:
(If disapproved explain)		
(п акарртотов ехрипп)		
DATE:		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600021 CITY OR TOWN LEE				
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: LEE PKG ST	ORE,INC.		
DOING BUSIN	NESS A			
ADDRESS 191	PARK ST			
CITY/TOWN:	LEE	STATE: MA	ZIP CODE: 01238	
MANAGER:	FINNEGAN, JAMES	TYPE OF LICENSE: Pac	kage Store CATEGORY	: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	EMISES:		
ONE ROOM O EXITS	F SELLING SPACE	, COOLER, STORAGE R	OOM, ONE ENTRANCE AND	OTWO
2. the l	icensee has complied premises are now ope			
	11102 (100011, 1			
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Please Check Below APPROVED:	<u>w:</u>		LOCAL LICENSING AUTH	IORITY
DISAPPROVED.	 D:		By:	
(If disapproved				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	59600023		CITY OR TOWN	LEE	
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: C	ONVENIENCE,II	NC			
DOING BUSINESS A	CONVENIENCE	PLUS #5			
ADDRESS 241 MAIN	ST				
CITY/TOWN: LEE		STATE: MA	ZIP CODE:	01238	
MANAGER: ZOLTE	K, JAMES J. TYP	E OF LICENSE:Pa	ckage Store C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMIS	ES:			
ONE STORY CONVEY COOLERS AND SHEL),BEVERAGES, AN	D DRY GOO	DDS.
	=	all laws of the Com ousiness (If not exp	monwealth relating t lain below)	to taxes; and	
SIGNED BY	ndividual, Partner	or Authorized Corp	orate Officer		
DATE:					
DATE.	TELEPHONI	E NUMBER:			TION NUMBER: Security Number)
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain))				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 059600026		CITY OR TOWN LE	E
APPLICATION FOR	RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS				
ADDRESS 185 WA	TER STREET			
CITY/TOWN: LEE		STATE: MA	ZIP CODE: 01	238
MANAGER: LON ROB	GERATO, TERT B.	ΓΥΡΕ OF LICENSE: Pa	ckage Store CATEO	GORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PRE	MISES:		
OF ONE FLOOR RE	TAIL/STORAGI N REAR OF PRE	E AREA WITH BUSIN	LEE, MA BUSINESS AR ESS ENTRANCES IN FI DE OF BUILDING; AND	RONT ON
I hereby certify and s	wear under penal	ties of perjury that:		
1. the renew	ed license will be	of the same type for the	e same premises now licer	ased;
2. the license	ee has complied v	vith all laws of the Com	monwealth relating to taxe	es; and
3. the premis	ses are now open	for business (If not expl	ain below)	
SIGNED BY	Individual, Part	ner or Authorized Corp	orate Officer	
DATE:	TELEPH	ONE NUMBER:		NTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENSING By:	AUTHORITY
DATE:				



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LICENSE NUMBER	1: 059600033		CITY OR TOWN LEE	
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NAME:	ATHENA'S RESTA	URANT, INC.		
DOING BUSINESS	A ATHENA'S PIZZA	HOUSE		
ADDRESS 20 HOUS	SATONIC STREET			
CITY/TOWN: LEE		STATE: MA	ZIP CODE: 01238	
	GOROPOULOS,TYPE	OF LICENSE: Res	taurant CATEGOR	XY: Wine and Malt Regular
EMAIL ADDRESS:				
·	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISE	S:		
			HEN ENTRANCE ON SIDI O AT 20 HOUSATONIC STI	
I hereby certify and s	wear under penalties o	f perjury that:		
1. the renew	ed license will be of the	e same type for the	same premises now licensed;	;
2. the license	ee has complied with a	ll laws of the Comm	nonwealth relating to taxes; a	nd
3. the premis	ses are now open for bu	usiness (If not expla	in below)	
SIGNED BY				
	Individual, Partner o	r Authorized Corpo	rate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFI	
			(Note: <u>NOT</u> Individual Soc	rial Security Number)
Acts of 2004, signed	by the building insp	ector and the head	certificate required by Ch of the fire department for rance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	in)			
			-	
DATE:				



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LICENSE NUMBER: 0596000	CITY OR TOWN LEE		
APPLICATION FOR RENEW	AL: Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: LOCKE	R ROOM ENTERPRISES, IN	IC.	
DOING BUSINESS A LOCKI	ER ROOM SPORTS BAR		
ADDRESS 232 MAIN STREE	T		
CITY/TOWN: LEE	STATE: MA	ZIP CODE:	01238
MANAGER: LUCY, DONAL	LD J. TYPE OF LICENSE:T	avern CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSEI			
FRONT ENTRANCE, BAR, L. STORAGE.	OUNGE, SIDE DOOR, KITC	CHEN, FOUR RESTRO	JOMS, BASEMENT
I hamaky contify and system unde	n manalting of manipum, that		
I hereby certify and swear unde	will be of the same type for the	ne same premises now l	licensed:
	aplied with all laws of the Con	•	
	w open for business (If not exp	_	
SIGNED BY			
Individu	al, Partner or Authorized Corp	porate Officer	
DATE:		EMBI OVER	IDENTIFICATION NUMBER
TE TE	ELEPHONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
We the undersigned, attest the Acts of 2004, signed by the bu	<u>-</u>	_	-
named license and (2) the cer		_	
of 2010.			
Please Check Below:		LOCAL LICENSI	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	059600035		CITY (OR TOWN	LEE	
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	MONTRA, INC.					
DOING BUSINESS A	ARIZONA PIZZ	ZA AT 51 PARK S	STREET			
ADDRESS 51 PARK	STREET					
CITY/TOWN: LEE		STATE: N	IA ZIP	CODE:	01238	
MANAGER: TRASI	K, ERIN TY	PE OF LICENSE	:Innholder	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
		VEBSITE AND ENTER YO	UR EMAIL ADDR	ESS		
DESCRIPTION OF LI						
FOUR MAIN ROOMS RESTROOMS, FOUR						FRONT
AND SIDE VERAND		*	IVI KLIMCI	IND SIDE	Of BLDO., 1	ROIVI
I hereby certify and sw	•	es of perjury that: f the same type for	, tha sama m		Linamandi	
		h all laws of the C	•			
	•	r business (If not e		•	o taxes, and	
		- Justices (II not e				
SIGNED BY						
	Individual, Partne	er or Authorized Co	orporate Off	icer		
DATE:	TELEPHO	NE NUMBER:	(A)			TON NUMBER:
			(N	tote: <u>NOT</u> Inc	dividual Social S	ecurity Number)
We the undersigned,						
Acts of 2004, signed I named license and (2						
of 2010.	the certificate of	i iiquoi naomity i	insurance re	equired by	Chapter 110	of the Acts
Please Check Below:			LOC	AL LICENS	SING AUTH	ORITY
APPROVED:			By:			-
DISAPPROVED:			-			
(If disapproved explain	1)					
DATE:						



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LICENSE NUM	MBER: 059600040		CITY OR TOWN LEE	
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: CHEZ NOUS, INC			
DOING BUSIN	NESS A CHEZ NOUS			
ADDRESS 150) MAIN STREET			
CITY/TOWN:	LEE	STATE: MA	ZIP CODE: 01238	
MANAGER:	PORTNOY, TYPE RACHEL A.	PE OF LICENSE: Rest	taurant CATEGORY	: All Alcohol
EMAIL ADDR	RESS:			
DESCRIPTION		EBSITE AND ENTER YOUR EM	AIL ADDRESS	
	N OF LICENSED PREMIS		A DOCCE COURT HORSESI	JOE DIT
AND BARBEO		E, 8 TABLES WITH	A BOCCE COURT,HORSESI SEATING FOR 24 PEOPLE.	
I hereby certify	and swear under penalties	of perjury that:		
1. the 1	renewed license will be of	the same type for the s	same premises now licensed;	
	•		onwealth relating to taxes; and	1
3. the ₁	premises are now open for	business (If not explain	in below)	
CICNED DV				
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the building ins	spector and the head	certificate required by Chap of the fire department for the rance required by Chapter 1	ie above
Please Check Belo	ow:		LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
	1 " /			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 05960	0041	CITY O	R TOWN LEE	
APPLICATION FOR RENE	EWAL: Anr	nual	LICENSED FOR 2	013
	CL	ASS		YEAR
LICENSEE NAME: SOUT	HERN BERKSHIRE FO	OD SERVICES		
DOING BUSINESS A SAL	MON RUN FISH HOUS	Е		
ADDRESS 076-78 MAIN S	Т			
CITY/TOWN: LEE	STATE:	MA ZIP	CODE: 01238	
MANAGER: FACE, PAU	L TYPE OF LICE	NSE: Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE AT	LSO VISIT OUR WEBSITE AND ENTI	ER YOUR EMAIL ADDRE	SS	_
DESCRIPTION OF LICENS				
FIRST FLR, DINING ROOM COUNTER SEATS, SEATS				
STORAGE IN BASEMENT		LST ROOMS, TT	XONT AND REAR EX	.115,
I hereby certify and swear ur				
	ase will be of the same typ omplied with all laws of t	-		
	now open for business (If		_	
			,	
SIGNED BY				
Indivi	idual, Partner or Authorize	ed Corporate Offic	cer	
DATE:	TELEPHONE NUMBER	. .	EMPLOYER IDENTIFICAT	
		(No	ote: NOT Individual Social S	Security Number)
We the undersigned, attest				
Acts of 2004, signed by the named license and (2) the	~		•	
of 2010.	ertificate of fiquor flabi	my insurance rec	quired by Chapter 110	o of the Acts
Please Check Below:		LOCA	L LICENSING AUTH	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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LICENSE NUMBER: 0596	00045		C	ITY OR TO	WN	LEE	
APPLICATION FOR REN	EWAL:	Annu	al	LI	CENSI	ED FOR 2	2013
		CLAS	SS				YEAR
LICENSEE NAME: CGS	RESTAURAN	NT ASSOCIA	TES,INC				
DOING BUSINESS A BO	MBAY BAR &	& GRILL					
ADDRESS 435 LAUREL S	STREET						
CITY/TOWN: LEE		STATE:	MA	ZIP CODI	E:	01238	
MANAGER: GIRTHAR-P.	GOPAL, TYP	E OF LICEN	SE:Restat	ırant	CA	ΓEGORY:	All Alcohol
EMAIL ADDRESS:							
PLEASE A	ALSO VISIT OUR WE	EBSITE AND ENTER	YOUR EMAI	L ADDRESS			
DESCRIPTION OF LICEN							
ONE STORY BLDG. WITH RESTAURANT AND PUB							OBBY,
I hereby certify and swear u	nder penalties	of perjury tha	t:				
1. the renewed lices	nse will be of t	the same type	for the sa	me premises	now li	censed;	
2. the licensee has	complied with	all laws of the	Commo	nwealth relat	ing to	taxes; and	
3. the premises are	now open for	business (If no	ot explain	below)			
SIGNED BY							
Indiv	vidual, Partner	or Authorized	l Corporat	te Officer			
DATE:	TELEPHON	E NUMBER:					TION NUMBER:
				(Note: NO	1 Indiv	idual Social	Security Number)
We the undersigned, attes Acts of 2004, signed by th named license and (2) the of 2010.	e building ins	pector and th	e head o	f the fire de	partm	ent for the	e above
Please Check Below:				LOCAL LIC	CENSI	NG AUTH	IORITY
APPROVED:				Ву:			
DISAPPROVED:							
(If disapproved explain)							
DATE:							



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LICENSE NUMBE	R: 059600046		CITY OR TOWN LEE	
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
	BUCKY'S TAVER A BUCKY'S TAVER			
ADDRESS 25 FRA	NK CONSOLATI WA	Y		
CITY/TOWN: LEF	Ξ	STATE: MA	ZIP CODE: 01238	
MANAGER: KRI E.	STIN, BRIGGS TYPI	E OF LICENSE: Rest	caurant CATEGORY:	All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEI		AIL ADDRESS	
	LICENSED PREMISI			
FREE STANDING	2000 SQFT. BUILDIN			
	ises are now open for b			
DATE:			EMPLOYER IDENTIFICA	TION NI IMPED.
DITTE.	TELEPHONE	L NUMBER:	(Note: NOT Individual Social S	
Acts of 2004, signe	d by the building insp	pector and the head	certificate required by Chap of the fire department for the ance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED: [(If disapproved expl	ain)			
rr	,			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 059600049		CITY OR TOWN LEE	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	.013
		CLASS		YEAR
LICENSEE NA	AME: DAILY STO	P INC.		
DOING BUSI	NESS A LEE SUNC	OCO		
ADDRESS 35	OLS PLEASANT S	ΓREET		
CITY/TOWN:	LEE	STATE: MA	ZIP CODE: 01238	
MANAGER:	BANGHA, GURCHARAN SINGH	TYPE OF LICENSE: Paci	kage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION	N OF LICENSED PE	REMISES:		
SELF SERVIC	EE GAS STATION A	AND CONVENIENCE STO	RE.	
2. the	licensee has complie	· -	same premises now licensed; nonwealth relating to taxes; and in below)	
SIGNED BY	Individual, P	artner or Authorized Corpor	rate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA' (Note: NOT Individual Social S	
Please Check Beld APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTH By:	ORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 059600052		CITY OR TOWN	LEE	
APPLICATION FOI	R RENEWAL:	Annual	LICEN	ISED FOR 2013	3
		CLASS		Y	EAR
LICENSEE NAME:	TIMKEV LLC				
DOING BUSINESS	A TIMOTHY'S REST	ΓAURANT & PIZZI	ERIA		
ADDRESS 54 MAIN	N ST				
CITY/TOWN: LEE	3	STATE: MA	ZIP CODE:	01238	
MANAGER: ING	HAM, KEVIN J.TYPE	E OF LICENSE: Resi	taurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISE	ES:			
I hereby certify and s	swear under penalties o	of perjury that:			
1. the renew	ved license will be of th	e same type for the	same premises now	licensed;	
2. the licens	ee has complied with a	ll laws of the Comm	onwealth relating t	to taxes; and	
3. the premi	ses are now open for b	usiness (If not expla	in below)		
SIGNED BY	Indiaideal Dagens	A			
	Individual, Partner o	r Aumorized Corpor	rate Officer		
DATE:	TELEDIJONE	MIMDED.	EMPI OYFI	R IDENTIFICATIO	N NUMBER:
	TELEPHONE	NUMBER:		dividual Social Seco	
XX - 41 1	J - 44 - 44 J- 4		4 : 6		204 - 641
	d, attest that we are ind d by the building insp				
named license and	(2) the certificate of li				
of 2010.					
Please Check Below:			LOCAL LICENS	SING AUTHOR	RITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	aiii <i>)</i>				
DATE:					



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LICENSE NUMBER: 059600053	,	CITY OR TOWN LEE	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: Moe's Tavern, LLC DOING BUSINESS A Moe's Tavern ADDRESS 10 RAILROAD ST			
CITY/TOWN: LEE	STATE: MA	ZIP CODE: 01238	
	PE OF LICENSE: Rest		: All Alcohol
EMAIL ADDRESS:	EBSITE AND ENTER YOUR EM.	AIL ADDRESS	
 I hereby certify and swear under penalties the renewed license will be of t the licensee has complied with the premises are now open for 	the same type for the sall laws of the Comm	onwealth relating to taxes; and	
SIGNED BY Individual, Partner	or Authorized Corpor	rate Officer	
DATE: TELEPHONI	E NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	pector and the head	of the fire department for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	IORITY
DATE:		-	
APPLICATION FOR RENEWAL MUST BE FILED BY LI	CENSEES DURING THE MO	NTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NUM	MBER: 059600054		CITY OR TOWN	LEE	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: BRIAN H. WEIN	RICH			
DOING BUSIN	NESS A FEDERAL HO	USE INN			
ADDRESS 156	60 PLEASANT STREET	•			
CITY/TOWN:	LEE	STATE: MA	ZIP CODE:	01238	
MANAGER:	WEINRICH, TYBRIAN H.	YPE OF LICENSE: Inr	iholder C	CATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION	N OF LICENSED PREM	ISES:			
8 ROOMS FOR	R RENT BED & BREAK	KFAST.KITCHEN LIV	ING ROOM,DINI	NG ROOM	
I hereby certify	and swear under penaltic	es of perjury that:			
1. the 1	renewed license will be o	f the same type for the	same premises nov	v licensed;	
2. the l	licensee has complied wi	th all laws of the Com	nonwealth relating	to taxes; and	
3. the 1	premises are now open for	or business (If not expl	ain below)		
SIGNED BY	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE:	ты ерно	NE NUMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
	TEELTHO	IVE IVOMBER.	(Note: NOT In	dividual Social S	Security Number)
Acts of 2004, s	signed, attest that we an signed by the building i and (2) the certificate (nspector and the hea	d of the fire depart	tment for the	above
Please Check Belo	ow:		LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:	21,0110111	····
DISAPPROVE	ED:		J		
(If disapproved	explain)				
D + 1777					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J396UUU33		CITY OR TOV	VN LEE	
APPLICATION FOR I	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	HENRY'S RESTAU	RANT INC.			
DOING BUSINESS A	PHO SAIGON				
ADDRESS 5 RAILRO	AD STREET				
CITY/TOWN: LEE		STATE: MA	ZIP CODE	: 01238	
MANAGER: CHUN	G, HENRY TYPE	E OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISE	ES:			
1 STORY 880 SQ. FT.	FEET-BUILDING	WITH EXITS FRO	ONT AND REAL	2	
I hereby certify and swe	=				
	l license will be of th		=		
	has complied with a			ng to taxes; and	
3. the premises	s are now open for b	usiness (If not expl	ain below)		
SIGNED BY					
	Individual, Partner o	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		YER IDENTIFICA	
			(Note: NOT	☐ Individual Social S	Security Number)
We the undersigned,	attest that we are i	n possession (1) th	e certificate req	uired by Chap	ter 304 of the
Acts of 2004, signed b	y the building insp	ector and the hea	d of the fire dep	artment for the	above
named license and (2) of 2010.) the certificate of I	iquor liability insu	irance required	by Chapter 11	b of the Acts
Please Check Below:			LOCALLIC	ENGING AUTH	ODITY
APPROVED:			By:	ENSING AUTH	ORITY
DISAPPROVED:			By.		
(If disapproved explain	n)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 059600057		CITY OR TOWN LEE	
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: BANNUN & BOO	LLC		
DOING BUSIN	NESS A LEE CITGO			
ADDRESS 55	HOUSATONIC STREET			
CITY/TOWN:	LEE	STATE: MA	ZIP CODE: 01238	
MANAGER:	MUSA,MUHAMMATYP D	'E OF LICENSE: Paci	kage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDR	RESS:			
		EBSITE AND ENTER YOUR EM	AIL ADDRESS	
	N OF LICENSED PREMIS			
	TATION AND CONVEN			
-	and swear under penalties		same premises now licensed;	
			onwealth relating to taxes; and	I
	premises are now open for		_	
SIGNED BY				
	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:				
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
			(Costs) <u>and a</u> mervicular poetar	Security Transcery
Please Check Belo	ow:		LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
	r/			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 059600059		CITY OR TOWN	LEE
APPLICATION I	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	IE: DAWN LaR	OCHELLE ENTERPRIS	ES LLC	
DOING BUSINE	SS A PERIGEE			
ADDRESS 1575	PLEASANT STR	EET		
CITY/TOWN: L	LEE	STATE: MA	ZIP CODE:	01238
	aROCHELLE, AWN	TYPE OF LICENSE:R	estaurant Ca	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION (OF LICENSED PI	REMISES:		
I hereby certify an	nd swear under per	nalties of perjury that:		
		be of the same type for the	=	
	_	d with all laws of the Con	_	o taxes; and
3. the pre	emises are now op	en for business (If not exp	plain below)	
SIGNED BY				
	Individual, P	artner or Authorized Corp	porate Officer	
DATE:	TELEI	PHONE NUMBER:		R IDENTIFICATION NUMBER:
DATE:	TELEI	PHONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
We the undersig Acts of 2004, sig	gned, attest that v gned by the build	we are in possession (1) ting inspector and the he	(Note: <u>NOT</u> Ind he certificate require ad of the fire departs	lividual Social Security Number) ed by Chapter 304 of the
We the undersig Acts of 2004, sig named license at of 2010.	gned, attest that v gned by the build	we are in possession (1) ting inspector and the he	(Note: <u>NOT</u> Ind he certificate require ad of the fire departs surance required by	ed by Chapter 304 of the ment for the above
We the undersig Acts of 2004, sig named license at of 2010. Please Check Below: APPROVED:	gned, attest that vened by the buildind (2) the certific	we are in possession (1) ting inspector and the he	(Note: <u>NOT</u> Ind he certificate require ad of the fire departs surance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersig Acts of 2004, sig named license at of 2010. Please Check Below: APPROVED: DISAPPROVED	gned, attest that vertile that the second of the certific that the	we are in possession (1) ting inspector and the he	(Note: NOT Ind the certificate require ad of the fire departs surance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersig Acts of 2004, sig named license at of 2010. Please Check Below: APPROVED:	gned, attest that vertile that the second of the certific that the	we are in possession (1) ting inspector and the he	(Note: NOT Ind the certificate require ad of the fire departs surance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersig Acts of 2004, sig named license at of 2010. Please Check Below: APPROVED: DISAPPROVED	gned, attest that vertile that the second of the certific that the	we are in possession (1) ting inspector and the he	(Note: NOT Ind the certificate require ad of the fire departs surance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 059600060		CITYOR	IOWN	LEE	
APPLICATION FOR	R RENEWAL:	Annual		LICEN	SED FOR	2013
		CLASS				YEAR
LICENSEE NAME:	JAVIER C. FERI	NANDEZ				
DOING BUSINESS	A ALPAMAYO					
ADDRESS 60 MAIN	STREET					
CITY/TOWN: LEE		STATE: MA	ZIP CO	DDE:	01238	
MANAGER: FERM JAVI	NANDO, T' ER C.	YPE OF LICENSE: Re	staurant	C	ATEGORY	: All Alcohol
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION OF I						
		R 33, TEN SEATS AT	BAR, KITO	CHEN II	N REAR	
I hereby certify and s	-					
		of the same type for the	•			1
	•	th all laws of the Compor business (If not expl		elating t	o taxes; and	1
3. the premis	ses are now open to	or business (if not expi	am octow)			
SIGNED BY						
SIGIVED DI	Individual, Partn	er or Authorized Corp	orate Office	•		
DATE: TELEPHONE		NE NUMBER:	EN	MPLOYE!	R IDENTIFICA	ATION NUMBER:
			(Note:	NOT In	dividual Social	Security Number)
Acts of 2004, signed	by the building i	re in possession (1) th nspector and the hea of liquor liability insu	d of the fire	depart	ment for th	ie above
Please Check Below:			LOCAL	LICENS	SING AUTI	HORITY
APPROVED:			By:			
DISAPPROVED: [(If disapproved explain						
THE disapproved expla						
(II disapproved expla	an)					<u></u>
(II disapproved expla	.in)					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 059600061		CITY OR TOWN LEE		
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	R 2013	
		CLASS		YEAR	
LICENSEE NAM	ME: EMMY DAV	IS			
DOING BUSINI	ESS A BERKSHIR	E GREEN GROCER			
ADDRESS 42 P	ARK STREET				
CITY/TOWN:	LEE	STATE: MA	ZIP CODE: 01238		
MANAGER: I	DAVIS, EMMY	TYPE OF LICENSE: Pac	ckage Store CATEGOR	Y: Wine and Malt Regular	
EMAIL ADDRE	ESS:				
		OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
	OF LICENSED PR				
	ERY STORE AND				
-	_	alties of perjury that:	same premises now licensed;		
			monwealth relating to taxes; a		
	=	n for business (If not expl	_		
SIGNED BY					
	Individual, Pa	artner or Authorized Corpo	orate Officer		
DATE: TELEPHONE NUM		HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number)		
			(Note: NOT Individual Soc	ial Security Number)	
Please Check Below	<u>r:</u>		LOCAL LICENSING AU	THORITY	
APPROVED:			By:		
DISAPPROVED					
(If disapproved e	expiain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 05	X: U596UUU62 CITY OR TOWN LEE				
APPLICATION FOR RE	ENEWAL:	Annual	LICENSI	ED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME: THE DOING BUSINESS A TADDRESS 77 MAIN ST	TRADER MOE				
CITY/TOWN: LEE		STATE: MA	ZIP CODE:	01238	
MANAGER: HOLDRI BERTRA		YPE OF LICENSE: Pa	ckage Store CA	ΓEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF LIC		WEBSITE AND ENTER YOUR F	MAIL ADDRESS		
2. the licensee h	as complied wi		e same premises now li monwealth relating to lain below)		
SIGNED BY	dividual, Partn	er or Authorized Corp	orate Officer		
DATE:	ТЕLЕРНО	NE NUMBER:	EMPLOYER II (Note: <u>NOT</u> Indiv		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENSIN	NG AUTHO	DRITY
DATE:					



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LICENSE NUM	CENSE NUMBER: 059600063 CITY OR TOWN LEE				
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013	
		CLASS		YEAR	
LICENSEE NA	AME: BAJA CHARLIE'S I	NC			
DOING BUSIN	NESS A BAJA CHARLIE'S				
ADDRESS 62A	A WEST CENTER ST				
CITY/TOWN:	LEE	STATE: MA	ZIP CODE: 01238		
MANAGER:	DEVARENNES, TYPE KELLY	OF LICENSE: Resta	nurant CATEGORY:	All Alcohol	
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EMA	IL ADDRESS		
	N OF LICENSED PREMISE				
	T ON FIRST FLOOR SPACE ED ACCESS WITH ATTACE		ND REAR EXITS WITH INING NOT TO EXCEED 10)	
I hereby certify	and swear under penalties of	f perjury that:			
	renewed license will be of the	• •	•		
	=		onwealth relating to taxes; and		
3. the ₁	premises are now open for bu	isiness (If not explain	n below)		
SIGNED BY	Individual, Partner or	· Authorized Corpora	ate Officer		
DATE:	TELEPHONE :	NUMBER:	BER: EMPLOYER IDENTIFICA		
			(Note: NOT Individual Social Security Number)		
Acts of 2004,	signed by the building inspe	ector and the head	certificate required by Chap of the fire department for th ance required by Chapter 11	e above	
Please Check Belo	ow:		LOCAL LICENSING AUTH	IORITY	
APPROVED:			By:		
DISAPPROVE					
(If disapproved	expiaiii)				
DATE:					